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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 10/069696	FILING DATE
						APPLICANT(S)	
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/	/	61	/
2	/	/	/	/	/	62	/
3	/	/	/	/	/	63	/
4	/	/	/	/	/	64	/
5	/	/	/	/	/	65	/
6	/	/	/	/	/	66	/
7	/	/	/	/	/	67	/
8	/	/	/	/	/	68	/
9	/	/	/	/	/	69	/
10	/	/	/	/	/	70	/
11	/	/	/	/	/	71	/
12	/	/	/	/	/	72	/
13	/	/	/	/	/	73	/
14	/	/	/	/	/	74	/
15	/	/	/	/	/	75	/
16	/	/	/	/	/	76	/
17	/	/	/	/	/	77	/
18	/	/	/	/	/	78	/
19	/	/	/	/	/	79	/
20	/	/	/	/	/	80	/
21	/	/	/	/	/	81	/
22	/	/	/	/	/	82	/
23	/	/	/	/	/	83	/
24	/	/	/	/	/	84	/
25	/	/	/	/	/	85	/
26	/	/	/	/	/	86	/
27	/	/	/	/	/	87	/
28	/	/	/	/	/	88	/
29	/	/	/	/	/	89	/
30	/	/	/	/	/	90	/
31	/	/	/	/	/	91	/
32	/	/	/	/	/	92	/
33	/	/	/	/	/	93	/
34	/	/	/	/	/	94	/
35	/	/	/	/	/	95	/
36	/	/	/	/	/	96	/
37	/	/	/	/	/	97	/
38	/	/	/	/	/	98	/
39	/	/	/	/	/	99	/
40	/	/	/	/	/	100	/
41	/	/	/	/	/		
42	/	/	/	/	/		
43	/	/	/	/	/		
44	/	/	/	/	/		
45	/	/	/	/	/		
46	/	/	/	/	/		
47	/	/	/	/	/		
48	/	/	/	/	/		
49	/	/	/	/	/		
50	/	/	/	/	/		
TOTAL IND.	4					TOTAL IND.	6
TOTAL DEP.	39					TOTAL DEP.	40
TOTAL CLAIMS	43					TOTAL CLAIMS	46

0-1380 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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